

ctor's Signature:

CBS

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: March 13, 2010

Employee Name:		Sunday 03/07/10	Monday 03/08/10		Tuesday 03/09/10		Wednesday 03/10/10		Thursday 03/11/10		Friday 03/12/10		Saturday 03/13/10	
Bett,Kate <i>Bett,Walsh</i> Employee Signature	Day: In - Out		045	2045	(4)	2045	(4)	2045	1045	2045	1045	2045	310	
	Lunch: Out - In		1200	1230			1200	1230	1200	1230	1200	1230		
	Outside Duty: From - To				School	Surf								
nent exceptions or comments, indicate type and it.														
han,Annie <i>Annie M.</i> Employee Signature	Day: In - Out		6:45	320	6:45	315	6:45	320	6:45	330	6:45	400		
	Lunch: Out - In		1200	1230	1200	1230	1200	1230	1200	1230	1200	1230		
	Outside Duty: From - To													
nent exceptions or comments, indicate type and it.														
n, Stacey <i>Stacy Yildiz</i> Employee Signature	Day: In - Out		8:15	4:15	8:40	4:40	7:40	3:40	8:40	4:40				
	Lunch: Out - In		12:00	12:30	12:00	12:30	12:00	12:30	12:00	12:30	12:00	12:30		
	Outside Duty: From - To													
nent exceptions or comments, indicate type and it.														
a,Daniela <i>Daniela</i> Employee Signature	Day: In - Out				6:45	2145	6:45	2:45	6:45	2145	6:45	2145		
	Lunch: Out - In				1:10	1:40	12:30	1:00	12:15	12:45	12:30	1:00		
	Outside Duty: From - To				SIC 7.5	✓								
nent exceptions or comments, indicate type and it.														

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Week Ending: March 13, 2010

Employee Name:		Sunday 03/07/10	Monday 03/08/10		Tuesday 03/09/10		Wednesday 03/10/10		Thursday 03/11/10		Friday 03/12/10		Saturday 03/13/10	
Mr. Lisa 000 <i>Lisa Moyer</i> Employee Signature	Day: In - Out		6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45		
	Lunch: Out - In		12:00	12:30	12:00	12:30	12:00	12:30	12:00	12:30	12:00	12:30		
	Outside Duty: From - To													
Employee exceptions or comments, indicate type and detail.														
Mr. Michael 000 <i>Michael Parker</i> Employee Signature	Day: In - Out		8:00	4:00	8:00	5:00	7:40	2:40	8:00	4:00	7:50	3:50	7:15	3:45
	Lunch: Out - In		2:35	3:05	2:35	2:50	1:00	1:30	2:30	3:00	1:40	2:10	1:30	2:00
	Outside Duty: From - To													
Employee exceptions or comments, indicate type and detail.														
Ms. Nicole 000 <i>Nicole E. N.</i> Employee Signature	Day: In - Out		7:40	3:50	8AM	3:30	7:30	3:30	7:30	3:30	7:50	3:50	7:10	3:10
	Lunch: Out - In		12	12:30	12	12:30	12	12:30	12	12:30	12	12:30	12	12:30
	Outside Duty: From - To													
Employee exceptions or comments, indicate type and detail.														
Ms. Elisabeth 000 <i>Elisabeth B.</i> Employee Signature	Day: In - Out		7:25	5:00	7:25	2:25	7:40	4:26	7:30	3:30	7:30	3:30		
	Lunch: Out - In		11:50	12:30	11:30	12:00	11:30	12:00	11:30	12:00	11:30	12:00		
	Outside Duty: From - To													
Employee exceptions or comments, indicate type and detail.														
CEH 1.0 ✓ VAC 1.0 ✓ COM 1.0 ✓ + 1.0 com														

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Time Log/Program / Area: 2048-- Boston Drug Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.

Week Ending: March 13, 2010

Employee Name:		Sunday 03/07/10		Monday 03/08/10		Tuesday 03/09/10		Wednesday 03/10/10		Thursday 03/11/10		Friday 03/12/10		Saturday 03/13/10	
Is, Gloria <i>Karen Phillips</i> Employee Signature	Day: In - Out			8:35	4:35	9:00	5:00	8:50	4:58						
	Lunch: Out - In			12:10	12:40	12:10	12:48	12:00	12:30						
	Outside Duty: From - To														
ment exceptions or comments, indicate type and int.										CMT 7.5		SIC 7.5			
Peter <i>Cat Bow</i> Employee Signature	Day: In - Out			7:05	3:05	7:30	1:30			7:30	3:30	7:15	3:15	6:45	2:45
	Lunch: Out - In			12:30	1:00					12-12:30	12-12:30	12-12:30	12-12:30	12:00	12:30
	Outside Duty: From - To														
ment exceptions or comments, indicate type and int.									VAC 1.5	SIF 7.5					OT 7.5
Bzowski, Daniel <i>D. Bzowski</i> Employee Signature	Day: In - Out			6:45	2:45	6:45	2:45	6:45	2:45	7:05	3:05	7:10	3:10		
	Lunch: Out - In			12:00	1:30	12:45	1:15	12:15	1:45	1:00	1:30	1:00	1:30		
	Outside Duty: From - To			Dedham Sup	Sup	Sup	Sup								
ment exceptions or comments, indicate type and int.															
Fiders, Della <i>F. Fiders</i> Employee Signature	Day: In - Out			6:45	2:45	6:45	2:45	6:45	2:45	6:45	2:45	6:45	11:15	6:45	2:45
	Lunch: Out - In			1:15	2:15	1:15	1:45	1:30	2:00	1:10	1:40	1:10	1:30	1:00	1:30
	Outside Duty: From - To														
ment exceptions or comments, indicate type and int.										VAC 3.0		OT 7.5			

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Time Log/Program / Area: 2048-- Boston Drug Lab

Week Ending: March 13, 2010

Employee Name:		Sunday 03/07/10	Monday 03/08/10	Tuesday 03/09/10	Wednesday 03/10/10	Thursday 03/11/10	Friday 03/12/10	Saturday 03/13/10
Liu, Shirley 000 <i>DLS</i>	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Employee exceptions or comments, indicate type and amount.			VAC 7.5 ✓	VAC 7.5 ✓	VAC 7.5 ✓	VAC 7.5 ✓	VAC 7.5 ✓	
Zhi 1000 <i>ZHJ</i>	Day: In - Out		6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45	6:45 2:45
	Lunch: Out - In		11:45 12:15	11:45 12:15	11:45 12:15	11:45 12:15	11:45 12:15	11:45 12:15
	Outside Duty: From - To							
Employee exceptions or comments, indicate type and amount.								OT 7.5 ✓
Mai 1000 <i>Mai</i>	Day: In - Out		7:45 1:45			8:30 2:30		7:15 1:15
	Lunch: Out - In							
	Outside Duty: From - To							
Employee exceptions or comments, indicate type and amount.					1 VAC ✓			
Folk 1000 <i>Folk</i>	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
Employee exceptions or comments, indicate type and amount.								

or's Signature:

Employee signatures on this time sheet certify the employee has performed the work associated with the duty(s) listed."

Time Log/Program / Area: Drug Analysis Lab Boston

ee Name: Week Ending:

ee Name:	Sunday	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
ni Charles 1000 <i>Charles Salem</i>	Day: In - Out		930	605			945	605	955	1015	945	600	
ee Signature	Lunch: Out - In		1200	1250			1205	1255	1205	100	12	1245	
	Outside Duty: From - To												

nt exceptions or comments, indicate type and

MOSCS
7.5

ee Signature	Day: In - Out												
	Lunch: Out - In												
	Outside Duty: From - To												

nt exceptions or comments, indicate type and

ee Signature	Day: In - Out												
	Lunch: Out - In												
	Outside Duty: From - To												

nt exceptions or comments, indicate type and

ee Signature	Day: In - Out												
	Lunch: Out - In												
	Outside Duty: From - To												

nt exceptions or comments, indicate type and

William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: Listed Below Employee #: Listed Below

Department: Drug Laboratory

Date(s) of overtime work: 3/13/10

of hours requested: Listed Below

Why work cannot be completed during regular hours: Significant Backlog of Samples

Overtime is to be: paid at OT rate _____ added to comp time balance _____
(if OT rate, complete below)

OT Account: 8100-9745

Approval:

Supervisor: C. Salem Date: 3/9/10

Department Head: Julie Karpf Date: 3/9/10

Denial reason: _____

Name	Employee ID#	Overtime earned	Name	Employee ID #	Overtime earned
Michael Lowke	120459	7.5 hrs			
Pete Piro	138674	7.5 hrs			
Nicole Malina	385766	7.5 hrs			
Della Saunders	147387	7.5 hrs			
Zhi Tan	1481724	7.5 hrs			